

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1703  
Registrar's No. 46

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County: Buchanan  
(b) City or town: St. Joseph  
(c) Name of hospital or institution: Missouri Methodist Hosp.  
(d) Length of stay: In hospital or institution: 1 hour  
In this community: 1 hour

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Davies  
(c) City or town: Gallatin  
(d) Street No.: 1  
(e) If foreign born, how long in U. S. A.: years.

3. (a) PRINT FULL NAME

NANNIE COPE

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: Female 5. Color or race: white 6. (a) Single, widowed, married, divorced: Single  
6. (b) Name of husband or wife: 6. (c) Age of husband or wife if alive: 12 years

7. Birth date of deceased: July - 12 - 1860  
(Month) (Day) (Year)

8. AGE: Years: 71 Months: 6 Days: 0 If less than one day: hr. min.

9. Birthplace: Davess Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation: Dr. Hanger

11. Industry or business: Own house

12. Name: Archibald Cope

13. Birthplace: Breathitt Co. Ky.  
(City, town, or county) (State or foreign country)

14. Maiden name: (Miss) Henderson

15. Birthplace: Davess Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Zora Cope

(b) Address: Gallatin, Mo.

17. (a) Burial (b) Date thereof: 1 - 15 - 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Gallatin, Mo.

18. (a) Signature of funeral director: L. R. Doolin

(b) Address: Gallatin, Mo.

19. (a) 1/12/42 (b) J. H. Westhouse

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: January day: 12 year: 1942 hour: 11 minute: 30 P.M.

21. I hereby certify that I attended the deceased from Jan. 10, 1941, to Jan. 12, 1942, that I last saw her alive on Jan. 12, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Natural Regurgitation

Duration

Due to:

Due to:

Other conditions: (Include pregnancy within 3 months of death) 928

Major findings: Of operations

Of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify):

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) (e) Means of injury:

23. Signature: L. R. Doolin (M. D. or other)

Address: Gallatin, Mo. Date signed: 1-12-42

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*L. O. Richesson*

Licensed Embalmer No.

*3302*

P. O. Address

*Hall County, Mo.*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.